

Policy Title	Research Ethics and Scientific Integrity Policy
Responsible AIU Office (Higher Management/Directorate)	[Following the request of the Policy Owner, the Responsible AIU Office within the corresponding Higher Management or Directorate will develop and administer a particular policy and procedures and will be accountable for the accuracy of its subject matter, its compliance with the pertinent legal and regulatory frameworks, its issuance, regular review and timely updating.]
Policy Owner (Executive Department/Office)	[The Office, Department, or Unit responsible for carrying out or oversight of said policy. The owner is accountable for and charged with triggering the creation of, implementing, enforcing, and updating the subject University policy, and developing/recommending relevant communication, education, and training and monitoring the effectiveness of a policy.]
Pertinent Dates	April 202

I. SCOPE OF POLICY

This policy applies to research and scholarship carried out at AIU involving any faculty (including part-time, adjunct and visiting), staff, trainee or students regardless of funding source, if any. This policy is not applicable to research undertaken in fulfillment of a course requirement, unless the data will be recorded in the research record or there is an expectation of publication or dissemination of the results of such research. Allegations of misconduct in academic courses are reviewed by **name related policy**

The requirements of this policy are subject to the requirements of the law. The university will comply with all Egyptian laws, regulations and policies with respect to research misconduct. This policy does not apply to general matters of misconduct that do not fall within the definition of research misconduct set forth in this policy, such as fiscal issues, conflict disclosure, issues concerning the ethical treatment of human or animal research subjects, authorship disputes, and sexual harassment or discrimination.

II. DEFINITIONS

1. **Committee on Research Integrity** – The Committee on Research Integrity is a standing Academic Committee, appointed by the Vice President of Academic Affairs (VPA) in consultation with the President. The normal appointment is three years. Members with a personal, professional or financial conflict of interest with the Respondent, the Complainant, or those known to be percipient witnesses, must recuse themselves from the process. The Committee is tasked with:
 1. Consulting with the VPA in the appointment of appropriate investigation panel and inquiry panel members and participating in an inquiry or investigation panel when invited.
 2. Reviewing the Investigation panel report, commenting and sending recommendations to the President. Recommendations should include:
 1. Findings of misconduct or not;
 2. Responsibility for misconduct if more than one respondent;
 3. Severity, aggravating/mitigating factors;
 4. Remedial actions to correct the research record, if needed.

3. Participating in an inquiry or investigation panel when invited.
2. **Complainant** – A Complainant is a person who, in good faith, makes an allegation of research misconduct.
3. **Inquiry** – An Inquiry is a preliminary information and fact-finding process regarding a credible allegation of research misconduct that seeks to identify whether sufficient evidence of research misconduct exists to proceed with a formal Investigation.
4. **Inquiry Panel** – An inquiry panel of no fewer than three people is appointed by the VPA in consultation with the President and the Committee on Research Integrity to carry out an Inquiry and draft a report of said Inquiry.
5. **Investigation** – An Investigation is the formal evaluation and examination of all relevant facts and evidence to determine whether research misconduct occurred and if so, who is responsible.
6. **Investigation Panel** – An investigation panel of no fewer than three people is appointed by the VPA in consultation with the President and the Committee on Research Integrity to carry out an Investigation and draft a report of said Investigation.
7. **Research** – Research means a systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research), specific knowledge (applied research) or intellectual and intangible understanding and to reach new conclusions. For the purposes of this policy, the term “research” includes scholarship.
8. **Research Misconduct** – Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing scholarly or research endeavors, or in reporting research results into the research record. Misconduct does not include honest error, differences of opinion, or differences in interpretation or judgements in evaluating research methods or results.
 1. Fabrication – Fabrication is making up data or results and recording or reporting them. Generally, fabricated results are those that are not supported by research that was performed.
 2. Falsification – Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
 3. Plagiarism- Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit
9. **Research-Related activities** – Research-related activities are ancillary activities that occur in support of research. Such activities include, but are not limited to, the recording of preliminary research results, research proposals, presentations of preliminary results, presentations in meetings or conferences, posters drafts, final written reports, and publications. For the purposes of this policy, the terms ‘research’ and ‘research-related activities’ are broadly referred to as ‘research’.
10. **Research Integrity Officer (RIO)** – The RIO, appointed by the Vice President of Academic Affairs (VPA), is the individual responsible for implementing the university’s policies and procedures on research misconduct, which includes, but is not limited to:
 1. receiving and assessing allegations of research misconduct to determine if they fall under the procedures set forth in this policy;
 2. overseeing sequestration of research data and evidence;
 3. determining whether allegations warrant an inquiry;
 4. overseeing inquiries and investigations;
 5. providing assistance to Respondents, Complainants and witnesses, committees and panels as described in this policy;
 6. providing training, technical assistance, and advice to the inquiry and investigation panels;
 7. ensuring that Respondents receive all notices and opportunities provided for in these policies and under applicable government regulations;
 8. ensuring that the university’s obligations to funding agencies, including all notification and reporting obligations, are fulfilled;
 9. taking action, as appropriate, to notify other involved parties, such as sponsors, journals, or licensing boards of institutional findings; and

10. maintaining appropriate records of proceedings in accordance with these policies and government regulations.
11. **Research Record**– Research record means the record of data, results, or observations that embody the facts resulting from scientific or scholarly inquiry, including without limitation, research proposals, laboratory records and notebooks, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, patents, data sets, software and any documents provided to an institutional official by a Respondent in the course of a research misconduct proceeding.
12. **Respondent** – A Respondent is the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.
13. **Retaliation** – Retaliation for the purpose of this policy means an adverse action taken against a Complainant, witness, or committee member by an institution or one of its members in response to a good faith allegation of research misconduct; and/or good faith cooperation with a research misconduct proceeding
14. **Preponderance of the Evidence** – Preponderance of the evidence means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

III. POLICY STATEMENT

The AIU is committed to the creation of knowledge through research and scholarship. In this mission, AIU seeks to ensure the highest degree of integrity in the design, conduct and reporting of research results. Misconduct in research endangers public trust and the pursuit of scientific truth. AIU faculty, staff and students are expected to conduct research in accordance with the highest degree of ethical standards and to report concerns of potential research misconduct. The university does not tolerate misconduct in any aspect of research and will promptly investigate all allegations, protecting the confidentiality of the investigation and the parties to the extent possible.

This policy defines what constitutes research and scholarship misconduct and describes the university policies and procedures for handling research misconduct allegations, including the rights of the person accused and any actions the university may take depending on the outcome of the process.

IV. RESPONSIBILITIES

Office of Research

Office of Vice President for Academic Affairs

V. POLICY STANDARDS AND PROCEDURES

1. **Reporting Allegations** – All members of the university community have an obligation to report good faith suspicions of research misconduct within the scope of this policy. Allegations should be directed to the RIO. Any allegations of research misconduct initially directed to the any administrative office or member of the AIU community must be promptly reported to the RIO for assessment. Allegations may be made verbally or in writing and should include sufficient details such that the issues raised may be clearly identified. Allegations may be made anonymously but will be assessed in order to determine whether they raise an allegation of research misconduct

sufficiently specific to initiate an Inquiry. An allegation should contain the following: (1) Name of Respondent(s), (2) Names of any witnesses, (3) Description of misconduct, (4) When and where misconduct occurred, (5) Supporting documentation.

2. **Assessment of Allegations** – Within 10 business days of being notified of an allegation, the RIO, in consultation with the **VP of Academic Affairs** (VPA), will determine whether the allegation warrants an Inquiry. An Inquiry is warranted if the allegation falls within the definition of research misconduct under this policy and is sufficiently credible and specific so that potential evidence may be identified. If it is determined, at any time during the process that the allegation was made maliciously and in bad faith the matter will be dealt with in accordance with relevant AIU policies and procedures.
3. **Confidentiality** – During all research misconduct inquiries and investigations, disclosure of the identities of the involved Respondents, Complainants, witnesses and committee members will be limited to the extent possible to those who need to know those identities to complete a fair and thorough investigation, although additional disclosures may be necessary to comply with the university's legal obligations. Confidentiality will also be maintained for all records and evidence that might identify research subjects, except as needed to carry out the research misconduct proceeding or as required by law
4. **Cooperation with Research Misconduct Proceedings** – All university employees must cooperate with the RIO and other institutional officials in reviewing allegations and conducting inquiries and investigations of research misconduct. University employees, including Respondents, have an obligation to provide evidence relevant to research misconduct to the RIO or other institutional officials.
5. **Inquiry**
 1. **Purpose (Scope)** – The purpose of the inquiry is to conduct an initial review of the available evidence in order to determine whether sufficient evidence of misconduct exists to proceed with a formal investigation. An inquiry does not require a full review of all the related evidence.
 2. **Notice to Respondent** – At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the Respondent in writing, if the Respondent is known, of the allegations and the decision to proceed to an inquiry. The RIO will provide the Respondent with a copy of this policy and be available to discuss with the Respondent any questions the Respondent may have regarding the proceedings. If the inquiry subsequently identifies additional Respondents, they must be notified in writing.
 3. **Finding of No Violation** – If in consultation with the VPA, the RIO determines the allegation does not constitute a violation of this policy, the RIO shall dismiss the matter without further inquiry.
 4. **Custody of Research Records** – On or before the date on which the Respondent is notified of an allegation, the RIO, in consultation with the Respondent's dean and other university officials, as needed, will promptly take all reasonable and practical steps to obtain custody of all research records and evidence that may be necessary to pursue an allegation of research misconduct, including additional records or evidence that are identified as relevant to the allegation during the course of the research misconduct proceeding. Relevant electronic records and evidence will be sequestered. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Physical records and evidence will be inventoried and secured and, when appropriate, the Respondent and relevant individuals (e.g., research team members, witnesses) will be provided copies or given reasonably supervised access to the research records. The lack of research records adequately documenting the research in question may amount to evidence of research misconduct, where it is established that the

Respondent: (1) Intentionally, knowingly or recklessly destroyed relevant research records; and/or (2) Had the opportunity to maintain the records but did not do so; and/or (3) Failed to produce records in a timely manner.

5. Appointing an Inquiry Panel – If the RIO, in consultation with the VPA, determines an Inquiry is warranted, the VPA, in consultation with the President and the Committee on Research Integrity will appoint an Inquiry Panel consisting of no less than three members. The Panel must be composed of individuals who do not have personal, professional, or financial conflicts of interest with those the Respondent, the Complainant, or those known to be percipient witnesses, and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation and conduct the Inquiry. When appropriate, the Inquiry Panel should be comprised of at least one member from the **Committee on Research Integrity**.
6. Charging of the Inquiry Panel – It is the responsibility of the RIO to charge the committee with its roles and responsibilities and to be available to the committee for any technical assistance it may require.
7. Roles and Responsibilities of the Inquiry Panel – The Inquiry Committee’s role is as follows: (1) **Preliminary Fact-finding** – Examine relevant research records and materials, and conduct sufficient interviews and preliminary fact-finding to determine if an allegation is credible and warrants an investigation; it is not the role of the Inquiry Committee to conduct a full and thorough review of the evidence related to the allegation, but instead only to make this preliminary determination; (2) **Prepare a report of the Inquiry Committee’s findings** and conclusion(s) with assistance from the RIO.
8. Inquiry Report – The Inquiry Panel, with assistance from the RIO as necessary, shall prepare a written report to the President that includes the following information:
 - a) Name, title and institutional affiliation of committee members;
 - b) Name, title and institutional affiliation of any consulted expert;
 - c) Name, title and any institutional affiliation of the Respondent;
 - d) Name, title and institutional affiliation of the Complainant, as applicable;
 - e) Funding source supporting the research, including title, grant number, and principal investigator if applicable;
 - f) The specific allegations reviewed;
 - g) A description as to where the alleged misconduct was recorded or presented (e.g., grant applications, publications, abstracts, scientific presentations);
 - h) A summary of all evidence reviewed including all interviews;
 - i) The conclusions and/or recommendations of the committee and the rationale for them.
 - j) The Inquiry report should include sufficiently detailed documentation to permit a later assessment, if necessary, of the reasons for recommending that an Investigation was or was not warranted.
9. Criteria Warranting an Investigation – An Investigation is warranted if there is:
 - a) A reasonable basis for concluding that the allegation falls within the definition of research misconduct under this policy; and/or
 - b) Preliminary information-gathering and preliminary fact-finding from the Inquiry indicates that the allegation may have substance.
10. Notification of the Inquiry Panel’s recommendations to the Respondent and Opportunity to Comment – The RIO will make a good faith attempt to notify the Respondent in writing of the determination of the Inquiry Panel, provide a draft copy of the inquiry report and a copy of this policy. The Respondent has 15 calendar days to respond to the report to the RIO. All comments made by the Respondent and any rebuttal by the committee must be included in the final report.

11. Determination – If the Inquiry Panel finds grounds to move to an Investigation, the RIO will distribute the finalized Inquiry report to the Respondent, the VPA and the appropriate Dean. Within 7 calendar days the VPA shall forward the Inquiry Panel’s report, conclusions and recommendations, and any comments regarding the report and the panel’s findings to the President for determination. If the Panel does not find sufficient evidence in support of the allegation of research misconduct, the Dean will review the report and comment. The Dean will then forward the report and comments to the President for determination. The President may elect to send the report to the Committee on Research Integrity for review if he or she believes additional review is warranted. The RIO must notify the Respondent in writing regarding the President’s final determination.
 12. Time for Completion – All processes of the inquiry must be completed within 60 calendar days of its initiation unless circumstances warrant a longer period. If the Inquiry requires longer than 60 days, the inquiry committee will request additional time in writing from the RIO and provide documentation as to the reasons for requiring additional time. If applicable, the RIO must request an extension and notify the Respondent when an extension has been granted. Failure to meet the 60 day deadline will not lead to dismissal of the matter nor compel any particular conclusion.
 13. Reporting – Within 30 days of finding that an Investigation is warranted, the Institution will provide any relevant government agency, or sponsor as required with a copy of the Inquiry report and all research records and evidence reviewed.
6. Investigation
1. Notice to Respondent – If the President determines an investigation is warranted, the Investigation will be initiated within 30 days after that determination has been made. On or before the date on which the investigation begins, the RIO will make a good faith effort to notify the Respondent of the decision to proceed with an Investigation as well as the rights and responsibilities of the Respondent during the investigation process. If during the Inquiry or Investigation additional instances of possible misconduct are discovered, or if other Respondents are identified, the RIO will decide whether to broaden the scope of the Investigation beyond the original allegation or whether a new and distinct Inquiry should occur. In either case the Respondent(s) will be notified in writing.
 2. Custody of Research Records – The RIO will take all reasonable and practical steps, on or before the date on which the Respondent is notified of the Investigation, to obtain custody of, inventory, and sequester in a secure manner all research records and evidence needed to conduct the Investigation that were not previously sequestered before or during the inquiry.
 3. Appointing an Investigation Panel – Within 30 days after a determination is made that an Investigation is required, the VPA, in consultation with the Committee on Research Integrity, shall appoint an Investigation Panel of no fewer than 3 people knowledgeable in the standards of the Respondent’s research and scholarship. The members should not have personal, professional or financial conflicts of interest with the Respondent, the Complainant, or those known to be percipient witnesses to the Investigation. The Investigation Panel may contain members from the Inquiry Panel.
 4. Charging of the Investigation Panel – it is the responsibility of the RIO to charge the Panel with its roles and responsibilities and to be available to the Panel for any technical assistance it may require.
 5. Investigation Panel Responsibilities – The Investigation Panel must:
 - a. Use diligent efforts to ensure that the Investigation is thorough, sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation. These efforts include, but are not limited to research data and proposals, publications, and communication;

- b. Take all reasonable and practical steps to obtain custody, inventory and secure research records and evidence needed to conduct the Investigation;
 - c. Conduct recorded and/or transcribed interviews of each Respondent, Complainant and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation. A transcribed interview must be provided to the interviewee for correction and included in the record of the investigation;
 - d. Diligently pursue all significant issues and leads discovered during the investigation that are relevant, including any evidence of additional instances of possible research misconduct;
 - e. Secure any necessary and appropriate expertise in consultation with the RIO and the VPA;
 - f. Maintain confidentiality of the Respondent, Complainant and all witnesses to the extent possible;
 - g. Continue the investigation to completion;
 - h. Make a recommendation of whether research misconduct occurred and, if so, who is responsible;
 - i. Prepare a draft report and consider comments from the Respondent;
 - j. Submit a final report to the RIO.
6. Investigation Report – In developing its finding, the investigation committee will act by simple majority vote of its members based upon the preponderance of evidence. The RIO will assist the investigation committee in finalizing the draft and final investigation report, ensuring that the Respondent’s comments are considered in the analysis and are also attached as an appendix to the final report. The investigation report should include:
- a. Name, title and institutional affiliation of committee members;
 - b. Name, title and institutional affiliation of any consulted expert;
 - c. Name, title and any institutional affiliation of the Respondent;
 - d. Name, title and institutional affiliation of the Complainant, as applicable;
 - e. Funding source supporting the research, including title, grant number, and principal investigator if applicable for each allegation;
 - f. A statement of findings for each separate allegation of research misconduct identified during the investigation as to whether research misconduct did or did not occur, and If so:
 - i. Identify whether the research misconduct was falsification, fabrication, or plagiarism, and if it was intentional, knowing, or in reckless disregard;
 - ii. Identify the person(s) responsible for the misconduct;
 - iii. Summarize the facts and the analysis which support the conclusion;
 - iv. Identify whether any publications need correction or retraction;
 - v. A summary of all evidence reviewed including all interviews;
 - g. The recommendations of the committee and their rationale. In making recommendations, the committee should consider:
 - i. The seriousness of the misconduct, including (but not limited to) consideration of the degree to which the misconduct was knowing, intentional or reckless;
 - ii. Whether it was an isolated event or part of a pattern;
 - iii. Whether it had a significant impact on the research record, research subjects, other researchers, the institutions, or the public welfare;
 - h. A link to this policy; and
 - i. Identification and summary of the research records and evidence reviewed, as well as a list of all records taken into custody.

7. Committee on Research Integrity Investigation Report Review – Upon completion of the investigation Report, the RIO will forward the Report to the Committee. The Committee shall review the facts and recommendations of the Report and shall make a final recommendation for the President and the VPA whether or not to accept the recommendations of the Investigation Panel. If the Committee does not agree with the Panel’s recommendations, the committee may:
 1. Task the panel to further gather/review evidence;
 2. Make an alternate recommendation, to the President, with comments and rationale.
8. Findings of Research Misconduct – A finding of research misconduct requires all of the following:
 - a. There be a significant departure from accepted practices of the relevant research community;
 - b. The misconduct be committed intentionally, knowingly, or recklessly; and
 - c. The allegation be proven by a preponderance of the evidence.
9. Notification of the investigation Committees findings to the Respondent and Opportunity to Comment – The RIO must give the Respondent a copy of the investigation report for comment and, concurrently, a copy of, or supervised access to the evidence on which the report is based. The Respondent must submit comments to the RIO within 30 days from the date he/she received the draft report. The Respondent’s comments must be included and considered in the final report.
10. Determination – The RIO will submit the report, the Committee recommendations and copies of all evidence cited to the VPA, President and appropriate Dean. Within 21 calendar days of receipt, the President will determine whether AIU accepts the final investigation report and its findings. If the President’s determination varies from the findings of the Committee, the President will explain in writing the basis for rendering a decision different from the findings of the Committee. Alternatively, the President may return the report to the Committee with a request for further fact-finding or analysis. AIU has the authority to make a determination of research misconduct that exceeds regulatory provisions or may not fully align with government regulations but is deemed appropriate given the particular circumstances of a case.
11. Timing – All aspects of the Investigation will be completed within 120 business days of beginning, including conducting the Investigation, preparing the report of findings, providing the draft report for comment and final decision making by the President. However, if, in consultation with the Investigation committee the RIO determines that the Investigation will not be completed within this period the RIO will document the reasons for the need for an extension, estimate the additional amount of time necessary to complete the investigation and request an extension from the President and any relevant government agencies. The RIO will notify the Respondent of any time extensions. Failure to meet the 120-day deadline will not lead to dismissal of the matter nor compel any particular conclusion.
12. Sanctions/administrative actions/corrective actions
 1. Faculty – In the case of a faculty member with tenure or whose contract or appointment has not expired, if the President determines that research misconduct has occurred, a referral to the university bylaws is to be considered for sanctions and corrective actions.
 2. Staff or Other Non-Faculty Employees (excepting Postdoctoral Associates) – In the case of a staff member or other non-faculty employee whom the President determines to have committed research misconduct, the President will refer the findings to the **Senior Vice President for Human Resources** who will prescribe the remedial or disciplinary action. (See **AIU Policy on Staff Disciplinary Actions:**

3. Postdoctoral Scholars, Fellows, Teaching Assistants and Students – In the case of an individual in one of those positions whom the President determines to have committed research misconduct, the President will take appropriate disciplinary action, up to and including termination of the appointment. Alternatively, the President, at his or her discretion, can refer the matter to the Dean for a determination regarding the appropriate disciplinary action. In the event the President determines that a person claiming student status (whether graduate, professional or other student status) to whom this policy applies has committed research misconduct, the matter shall be referred to the VPA who would address the issue in light of guidance in the [AIU Student Handbook](#).
13. Reporting – the RIO must submit to any relevant government agency or sponsors as required, within the required time frames:
 1. A copy of the final investigation report with all attachments;
 2. A statement of whether the institution accepts the findings of the investigation report;
 3. A statement of whether the institution found misconduct and, if so, who committed the misconduct;
 4. A description of any pending or completed institutional actions against the Respondent.
 5. If requested by a government agency or sponsor, the President may elect to reopen an investigation, even if a final investigative report has been completed and accepted. Respondents will continue to have a duty to cooperate in an investigation in such a circumstance.
14. The RIO is also responsible for notifying the appropriate government agency (or agencies) within the agency’s required time frames if he/she ascertains at any stage of the Preliminary Inquiry, Investigation, Hearing, that any of the following conditions exist:
 1. There is an immediate public safety or health risk involved, including an immediate need to protect human or animal subjects;
 2. There is an immediate need to protect Government funds or equipment;
 3. There is a need to suspend research activities;
 4. It is probable that the alleged incident is going to be reported prematurely to the public, so that appropriate steps are needed to safeguard evidence and protect the rights of those involved;
 5. The research community or public should be informed; or
 6. There is a reasonable indication of possible violations of civil or criminal law.
15. The President, at his or her discretion, is permitted to make public the outcome or status of an investigation as warranted.
7. **Admission** – The Respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. If an admission is made by the Respondent, or any other individual at any stage of the research misconduct process, the RIO will develop a written statement that is fully responsive to the allegation after appropriate consultation with the investigation committee, relevant university officials and government agencies as required. An admission of research misconduct does not preclude termination of the research misconduct proceeding nor otherwise limit any of the Institution’s responsibilities to any applicable federal agencies.
8. **Termination or Resignation of the Respondent Prior to Completing the Inquiry or Investigation** – The termination of the Respondent’s institutional employment or enrollment, by resignation, withdrawal or otherwise, before or after an allegation of research misconduct has been reported does not preclude or terminate the research misconduct proceeding nor otherwise limit any of the institution’s responsibilities to any applicable government agencies.

9. **Retaliation** – The law and AIU policy prohibit threatened, attempted, or actual retaliation against anyone involved in a research misconduct proceeding.
10. **Record retention** – All relevant records and evidence the institution secured for the research misconduct proceeding, as well as the investigation report and all records in support of that report, including recordings or transcriptions of each interview conducted must be maintained in a secure manner for 7 years after the completion of the proceeding.

VI. FORMS/INSTRUCTIONS (if applicable)

[This section lists the forms that are required to comply with the policy and provides the purpose of each form with any conditions, restrictions, and/or exceptions for their use. A hyperlink to the applicable form(s) should be provided if available.]

VII. APPENDICES (if applicable)

[This section includes any additional relevant information or documents in attached appendices.]

VIII. RELATED POLICIES

Rules and Regulations of Research Involving Human Subjects

VIV. CONTACT INFORMATION

[Lists relevant position titles and/or offices who may be contacted by University community members for any questions about the policy.]

Triggered by:	Name	Date	Sig.
Created by:	Name	Date	Sig.
Revised by:	Name	Date	Sig.
Approved by:	Name	Date	Sig.

References

<https://policy.AIU.edu/research-and-scholarship-misconduct/>